



11-15-04

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PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) BGI-129CP	
Application Number 09/605703-Conf. #3829		Filed June 27, 2000	
For CORYNEBACTERIUM GLUTAMICUM GENES ENCODING NOVEL PROTEINS			
Art Unit 1631		Examiner M. A. Moran	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record. Registration Number	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) LRA	
Signature		November 12, 2004 Date	
Maria Laccotripe Zacharakis, Ph.D., J.D.		(617) 227-7400 Telephone Number	
Typed or printed name			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 982 739 529 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 12, 2004

Signature: Maria Laccotripe Zacharakis, Ph.D., J.D.)

11/16/2004 HALI11 00000010 120080 09605703

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